

FORM 3 ANTICIPATED PROGRAM EXPENSES

Agency Name

Disability/Target

Program Name

Facility Name

Address

2009 Prgm No.

	(A)	(B)	(C)
Control		2008	2009
Acct. No.	Expenditure Description	Gross Budget	Gross Budget
7000	Salaries		
7100	Employee Health & Retirement Benefits		
7200	Payroll Taxes		
8000	Professional Fees		
8100	Supplies		
8200	Telephone		
8300	Postage and Shipping		
8400	Occupancy		
8500	Rental, Maintenance & Depreciation of Equipment		
8600	Printing and Publications		
8700	Travel		
8800	Conferences, Conventions, Meetings		
8900	Specific Assistance to Individuals		
9000	Membership Dues		
9100	Awards and Grants		
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)		
9300	Client Transportation		
9400	Miscellaneous		
9500	Depreciation or Amortization		
9600	Allocations to Agencies, Payments to Affiliated Organizations		
	TOTAL EXPENSES		
	PROFIT FACTOR		
	TOTAL EXPENSES INCLUDING PROFIT		
	TOTAL NON-DHHS CONTRACT REV. BROUGHT FWD		
	TOTAL DHHS REQUEST		

Rev 7/08

Date Submitted: _____